

L18000130636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

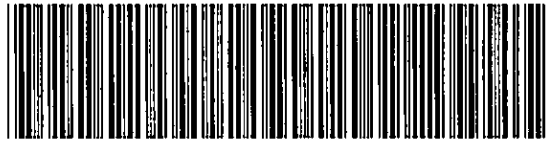
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W 180000037281

Office Use Only



700312025457

04/18/18--01020--006 **125.00

FILED
18 MAY 23 PM 3:03
T COLLINS
MAY 25 2018
TALAMON, FLORIDA

T COLLINS

APR 19 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2018

JESSE REYES
4503 LEE BLVD
LEHIGH ACRES, FL 33971

SUBJECT: O MACEDO SERVICES LLC
Ref. Number: W18000037281

RECEIVED
2018 MAY 23 PM 12:
DEPARTMENT OF STATE
DIVISION OF COMMERCIAL
REGISTRATION SERVICES

We have received your document for O MACEDO SERVICES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P11000006826.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Taylor B Collins
Regulatory Specialist II

Letter Number: 718A00007966

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18 MAY 23 PM 3:03
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: O MACEDO SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSE REYES

Name of Person

JEMA TAX & SERVICES INC

Firm/Company

4503 LEE BLVD.

Address

LEHIGH ACRES, FL 33971

City/State and Zip Code

JESSE@JEMATAXES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSE REYES

239

244-9450

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee, Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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18 MAY 23 PM 3:03
TALLAHASSEE, FLORIDA
RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

O MACEDO SERVICES LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6490 EASTWOOD ACRES RD
FORT MYERS, FL 33905

Mailing Address:

6490 EASTWOOD ACRES RD
FORT MYERS, FL 33905

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

OLIVERIO MACEDO

Name

6490 EASTWOOD ACRES RD

Florida street address (P.O. Box **NOT** acceptable)

<u>FORT MYERS</u>	<u>FL</u>	<u>33905</u>
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Oliverio Macedo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

OLIVERIO MACEDO

6490 EASTWOOD ACRES RD

FORT MYERS FL 33905

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Oliverio Macedo

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

OLIVERIO MACEDO

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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18 MAY 23 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O MACEDO SERVICES INC
6490 EAST WOOD ACRES RD
FORT MYERS, FL 33905
(239) 225-8327

February 28, 2018

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ref: Document Number P11000006826.

This letter is to certify that I, Oliveira Macedo, President of O Macedo Services Inc., I will not intent to revoke the dissolution of the above mention incorporation, and will like to register the same name O Macedo Services LLC, please find attached the articles of organization for a liability company.

If you have any questions or need more information please contact me at the above address.

Sincerely,

x Oliveiro Macedo
Oliveiro Macedo

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA